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Mental Health Practice

Are 3rd year mental health nursing students prepared to assess the physical health of people living with mental health issues?

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Abstract:	Our study asked the question 'Do 3rd year undergraduate mental health nursing students feel clinically prepared to assess a range of specific physical health competencies for people living with mental health issues?' The aim of the study was to examine the experiences of two 3rd year mental health cohorts in relation to physical health assessment of people who use mental health services and whether they felt adequately prepared by both the university and practice partners. In order to generate the data, a questionnaire (based on a 34 item policy document from a cluster of mental health trusts in the North West of England) was developed and disseminated by the authors. The data was collected and quantitaively analysed.
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Question	Response
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Author Comments:	<p>This piece of work has been significantly revised.</p> <p>Sincere thanks to the reviewer who pointed out the flaws in the methodology section - we believe this has now been addressed.</p> <p>The background has been also updated to reflect the contemporary literature.</p>

Do 3rd year undergraduate mental health nursing students feel clinically prepared to assess a range of specific physical health competencies for people living with mental health issues?

Abstract

Our study asked the question ‘Do 3rd year undergraduate mental health nursing students feel clinically prepared to assess a range of specific physical health competencies for people living with mental health issues?’

The aim of the study was to examine the perceptions of two 3rd year mental health nursing cohorts in relation to physical health assessment of people who use mental health services and whether they felt adequately prepared by both the university and practice partners.

In order to generate the data, a questionnaire (based on a 34-item policy document from a cluster of mental health trusts in the North West of England) was developed and disseminated by the authors. The data was subsequently collected and quantitatively analysed.

Background

Physical health and mental health are inextricably linked and the physical health needs of individuals who experience mental ill-health cannot be ignored (NICE, 2009 and DH, 2011). The life expectancy for people who live with mental illness is significantly lower than the wider population. In fact, people with severe mental illness die on average 15 - 20 years younger than the general population, often from avoidable or treatable physical illnesses. They are also more likely to develop modifiable conditions such as diabetes and heart disease (White et al., 2009, Chang et al., 2010 and Rethink Mental Illness, 2012). The reasons for this excess morbidity are complex and multifactorial. Factors such as psychotropic induced weight gain and obesity, unhealthy lifestyle behaviours and poverty as well as other related factors such as diagnostic overshadowing are all thought to contribute to this health inequality (Taylor et al., 2009 and Hallett, 2012).

Diagnostic overshadowing is a key barrier for people with mental health issues to access timely and appropriate support in relation to their physical health needs (Nash 2013). It occurs when health professionals dismiss or wrongly attribute a physical health symptom to a pre-existing mental health condition. There are a multitude of studies from the literature that suggest that people who experience mental health issues are likely to have their physical health needs unrecognised,

ignored or untreated by health professionals (Rethink Mental Illness, 2012). Nash (2013) proposes that this is largely due to stigma and a lack of training and education amongst health professionals.

Edwards et al., (2012) revealed substantial disparities between both Primary and Secondary Care Services in relation to this. They argue that the current commissioning arrangements for health care is divided between physical and mental health provision; exposing what they describe as a 'significant care gap'. Lambert (2012:14) agrees and posits that service users are often 'bounced' from Primary care to secondary care without having their health needs met.

In order to address what has been termed 'Parity of Esteem', *'No Health without Mental Health'* (DH, 2011) and *'Closing the Gap'* (DH, 2014) have sought to tackle the disparity. More recently, the *Five Year Forward View* (NHS England, 2014) alongside the *NHS Outcomes Framework* (DH, 2013) have set out a firm commitment towards achieving a more equal provision of care across mental and physical health services by 2020; meaning improved access, more effective care and better health outcomes for individuals.

In response to this, the NHS England report *'Improving the physical health of people with mental health problems. Actions for mental health nurses'* (NHS England, 2016:5) claim that mental health nurses have 'unparalleled opportunities to help people improve their physical health alongside their mental health'. Subsequently many mental health trusts have developed their own guidelines around physical health competencies; with most requiring mental health nurses to self-report proficiency on a range of specific physical health checks.

However, there are a significant number of studies within the literature (Nash, 2005 & 2010 and Howard & Gamble, 2011) that confirm that mental health nurses often lack the knowledge, skills and confidence to perform physical health checks amongst people who use mental health services. Rylance et al (2012) found that mental health nurses often prioritised mental health assessment in preference to physical health assessment. The study also found that a lack of time, poor access to relevant equipment and a lack of physical health training further compounded the issue. Similarly, Terry & Cutter (2013) found that mental health nurses had reduced confidence in assessing and addressing physical health issues. Specific checks, such as undertaking blood tests, taking ECG's and giving physical health advice was found to be generally poor.

This apparent deficit in physical health literacy may be due, in part, to inadequate pre-registration nurse preparation (White et al., 2013). Indeed a survey of 585 mental health nurses (Robson et al. 2012) found that as few as 20% had received any training in physical health assessment despite acknowledging the importance of it. A survey in Primary Care found that 98% of practice nurse had no mental health training (DH, 2003).

Given this, and the recent drivers to innovate and integrate physical and mental health care, the authors devised a study to investigate whether 3rd year mental health student nurses felt that they were clinically prepared to be competent in the undertaking of a pre-defined set of physical health checks and thus fit to practice holistic care at the point of registration.

Study:

Our study utilised a quantitative approach to inquiry. The choice of method was largely attributed to the ease of utility. A 34 item questionnaire was developed by the authors based on a self-declaration policy document adopted by a number of mental health trusts in the North West of England. Following ethical approval (proportionate review, granted by Liverpool John Moores University), the questionnaire was circulated to an opportunist population of two 3rd year Mental Health (MH) student cohorts.

Sample:

Thirty seven (n=37) MH student participants in their 3rd and final year from two cohorts (03/12 and 09/12). All students had undertaken both an adult and a care of the elderly clinical placement at some point during their pre-registration nursing programme. Further demographic characteristics were gathered from the participants.

Data Collection

Participants were invited to self-report on the questionnaire as to whether they felt competent to assess a range of physical health competencies ranging from temperature, pulse and respirations (TPR) to recognising the importance of critical medication.

Participants were asked to record yes/no or not relevant to my role. All data was anonymised.

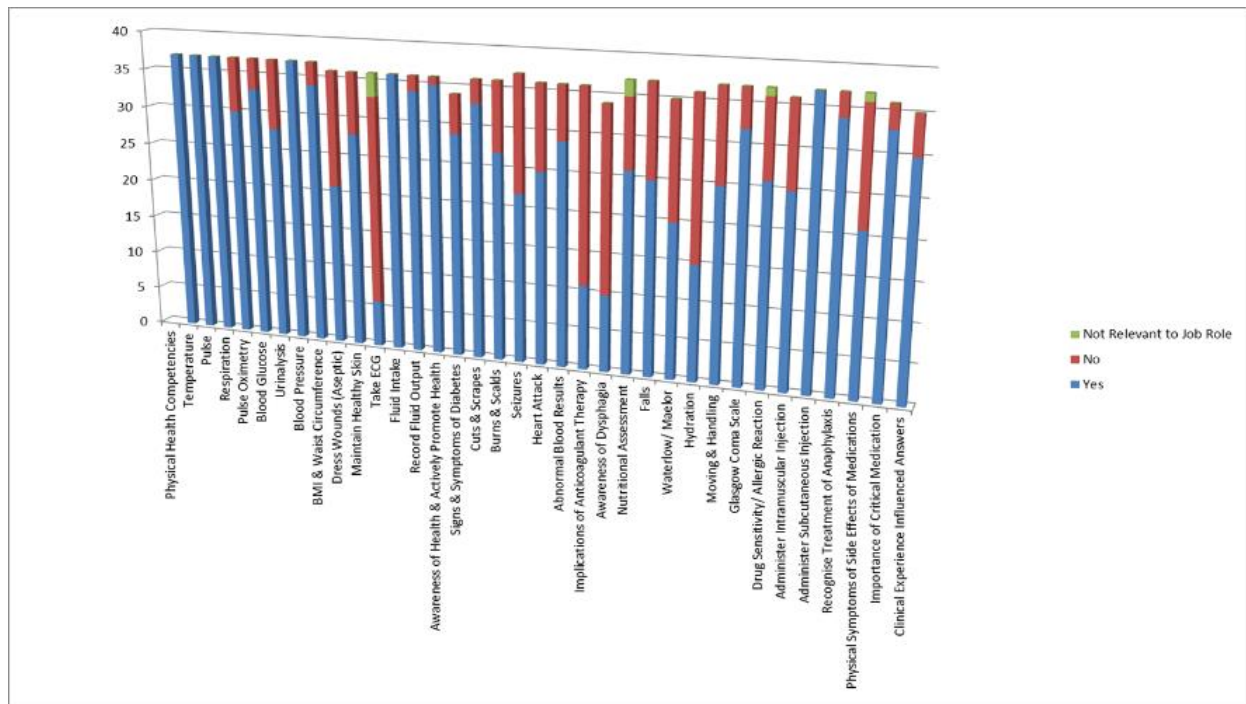
Data Analysis

37 questionnaires were completed and subsequently analysed.

The responses were organised into yes/no/not relevant to my role and subsequently recorded onto Excel®. The data was captured as a bar graph and the response frequencies examined.

Findings:

See figure (1) over-leaf



The findings were organised into three groups:

Group (1) Specific physical health checks where 100% of students self-declared competency

Group (2) Specific physical health checks where > than 50% of students self-declared competency

Group (3) Specific physical health checks where < than 50% of students self-declared competency

Group (1)

100% (n=37) of student's self-reported competence in the assessment of TPR, Blood Pressure (BP) and sub-cutaneous injections.

Group (2)

The items where 50% (n=18) or more of students self -reported competency were:

- Pulse oximetry
- Blood glucose
- Urinalysis
- BMI and waist circumference
- Aseptic wound dressing
- Maintaining healthy skin
- Measure fluid intake and record fluid output
- Recognise the sign and symptoms of diabetes
- Basic management of cuts and scrapes, burns and scalds, seizures, heart attack
- Recognition of abnormal blood results

- Nutritional assessment
- Falls assessment
- Waterlow/Maelor assessment scale
- Moving and Handling assessments
- Glasgow Coma Scale
- Understand the difference between a drug sensitivity and drug allergy
- Administration of intramuscular (IM) injection
- Recognition and treatment of anaphylaxis
- Understand the physical symptoms of side effects from medications
- Understand the importance of critical medication

It was interesting that whilst >50% of students reported that they could measure fluid input and record output, <50% reported that they were confident in utilising a hydration assessment tool. This suggests an obvious knowledge-skill gap and would perhaps require further investigation.

Group (3)

The items where less than 50% of students reported that they were **not** competent were:

- Taking an ECG (n=31)
- Awareness of the implications of anticoagulant therapy (n=26)
- Awareness of dysphagia (n=27)
- Hydration assessment tool (n=22)

Arguably, the taking of ECGs has been subsumed by technicians and may account for the low scores. Similarly, the lack of awareness around anti-coagulant therapy may be due to other health professional input or lack of opportunity in the clinical environment.

An interesting point was the lack of confidence students felt they had around awareness of dysphagia; this was worthy of mention given that dysphagia can often occur amongst people living with dementia and each student had undertaken a care of the elderly person placement during their nursing programme.

Of further interest, and somewhat alarmingly was the finding that some students felt that the following physical health assessments were not relevant to their role:

- Taking an ECG (n=3)
- Nutritional assessment (n=2)
- Drug sensitivity/Allergic reaction (n=1)
- Physical symptoms of side effects of medication (n=1)

As discussed previously, the taking of ECGs may not be a health professional role. However, it cannot be explained why students recorded that nutritional assessment,

drug sensitivity/allergic reaction and the physical symptoms of the side effects of medication were not relevant to their role. This was not interrogated and is doubtlessly in need of further investigation.

Perhaps not surprisingly, 81% (n=30) of students reported that the range of clinical experiences that they had undertaken during the course of their nursing programme had influenced their answers.

In addition, students were asked the following questions and invited to comment in a free text box:

- (1) Do you feel that the range of clinical experiences that you have undertaken during your training has influenced your answered yes/no (give reasons)
- (2) Explain how you feel the curriculum has prepared you to meet your physical health assessment competencies
- (3) What resources/activities have YOU undertaken in order to further enhance your physical health knowledge and skills?
- (4) In terms of physical health, what areas would you suggest for future curriculum design?

(1) It was interesting to note that confidence and competence in completing certain physical health checks were largely reflective of placement experiences. Those students who had experienced an adult or elderly care placement in 3rd year reported higher confidence levels in terms of physical health assessment. Those students who worked as, or had previously worked as Health Care Assistants in nursing homes also recognised that their physical health skills were higher than those students who had not. Interestingly, a number of students expressed a degree of dissatisfaction around their placement experiences, highlighting that the 'placement circuit' does not naturally facilitate acquisition of physical health assessment skills due to the field-specific design of the pre-registration nursing programme. Furthermore, there was a sense from the student narrative responses that they had forgotten the physical health skills that they may have acquired if the clinical placement had been undertaken early on in their programme. The students acknowledged that if they had not had the opportunity to practice their skills whilst out in practice their confidence naturally declined. Four students suggested that a paramedic spoke placement in 3rd year would enhance their knowledge and skills.

(2) The students also commented that the lack of any taught physical health skills sessions in the 3rd year of the curriculum contributed to both their lack of confidence and competence in terms of physical health assessment. There was a sense that the students wanted more taught sessions within the university setting with a focus on physical health assessment and health promotion; suggesting more specific OSCEs and dedicated skills lab sessions.

- (3) In terms of self-directed study, the students recognised their own skill deficit and had proactively sought additional practice experience i.e. short visits or spoke placements which would facilitate attainment of physical health skills. A number of students also used various sources of information to support their physical health knowledge such as social media (YouTube), books and online journals.
- (4) In relation to future curriculum design, the students suggested that more specific topics such as wound care, adverse drug events, diabetes, blood results and the taking of ECGs be included on the BSc pre-registration nurse curriculum for all mental health nursing students. That said, there was a notion from the data that theory should be contextualised to the respective field of practice.

Discussion

The findings from this study suggest that 3rd year mental health nursing students are not adequately prepared to undertake a complete range of physical health assessments for people living with mental health issues. Furthermore, the student participants recognised this and although some had undertaken measures to address this, it seems that the existing provision for undergraduate nurse education does not equip students to deliver holistic care in a complex, often flawed and disparate care system. Furthermore, it is arguable that the field specific nature of current nursing programmes is at odds with both local and national drivers for Parity of Esteem.

Limitations:

The study was limited in terms of its size and the findings may not necessarily be transferable to mental health students from other universities. Furthermore, the undergraduate nursing programme of study is likely to vary across the regions. Similarly the placement opportunities that the participants had experienced would undoubtedly differ across the country.

Conclusion:

The data gathered from this study adds to a small body of work which examines the physical health literacy of mental health student nurses at the point of registration. What this study offers are some interesting student insights around student nurse competency in relation to the physical health assessment of people who use mental health services.

Further research is required to better understand how prepared mental health student nurses are and how well universities, the regulatory bodies and practice

partners can work together to produce competent, compassionate and courageous nurses who are fit for purpose and ready to meet the health inequalities of the mentally ill population.

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